Agenda: Washington State Health Benefit Exchange Plan Management Meeting

4/19/12; 9:00 am – 11:00 am

Agenda

ID	Topic	Facilitator	Duration
1.	Welcome • Introductions	Michael Arnis	5 Min
2.	Purpose of the Meeting • Providing Data to the Exchange to Support Certification and Shopping	Michael Arnis	10 Min

3.	Data Diagram / Types of Data Needed by the Exchange
	• Discuss Conceptual Data Model Diagram
	  ○ Issuer
	  ○ Product Level – Benefit
	  ○ Product Level – Formulary
	  ○ Product Level – Additional Features
	  ○ Plan Level – Cost Sharing
	  ○ Plan Level - Rates
		Don Cotey / Ashley Stamets / Michael Arnis	30 Min

4.	Break	All	5 Min
5.	How and Where are these Types of Data Shared and Stored Today?: • Issuer • Plan Level - Accreditation • Product Level - Benefit • Plan Level - Rates	Don Cotey / Ashley Stamets / Michael Arnis	35 Min
6.	Leveraging Current Processes to Provide Data to the Exchange • Issuer • Plan Level - Accreditation • Product Level - Benefit • Plan Level - Rates	Don Cotey / Ashley Stamets / Michael Arnis	30 Min
7.	Next Steps / Close	Michael Arnis	5 Min

Meeting Notes

ID	Notes/Next Step
1.	Meeting attendees introduced themselves.
2.	The purpose of the meeting was described. Attendees were asked to give input on the Plan Management Data Diagram. Attendees were also asked to share how and where certain types of data are stored today, so this may be leveraged by the Exchange. Future HBE meetings on data are expected.
3.	Meeting attendees gave input on the Data Diagram and the related definitions. Input included: • Types of data are best grouped at the Issuer, Product and Plan Level. • Within each Silver plan there will be approximately 3-4 variations, in order to account for the various cost sharing subsidies for people at differing federal poverty levels (FPLs). • It would be very helpful if the Exchange defined specific data elements in order to level set Issuers and Exchange staff about the definitions of various data elements. Here are the main updates to the Data Diagram: 1. Benefits, Formulary, Provider Network and Additional Features are all green now. When presented at the meeting, some were yellow to denote that they were not featured for discussion on that day. 2. The Silver plan(s) now has a circle with an arrow around it to denote that there could be many of these. 3. Added a new box for catastrophic plans separate from the other plans. A Product may contain QHP's – OR – a Product may contain a catastrophic plan(s).
5, 6.	Meeting attendees discussed how and where data is stored and shared today, and how the Exchange could leverage that data and those processes in the future. Topics focused on these types of data: Issuer, Accreditation, Rates and Benefits. Input included: • Issuers want to know more about the expected process and flow of data for the provider directory. • There are categories of data that probably should be given to the Exchange via a web call, as opposed to transferring data and housing the data at the Exchange. • HIOS is a manual process and can be cumbersome and labor intensive. • Some issuers find it easier to use and submit data through HPMS/Medicare Advantage. • Some issuers expressed support for the SERFF enhancements. • NCQA has a Quality Compass that may be desirable to the Exchange. • Issuer data may best be collected through the RFP process.